

Application for Capital Advance Summary Information

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2502-0267), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Do not send this form to the above address.

HUD Use Only		202 Project Number		PRAC Number	
1. Sponsor's Name(s), Address(es) & TelephoneNumber (s)			2. Minority Sponsor Designation: A minority sponsor is one in which at least 51 percent of the board members are minority. Is this sponsor a minority applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," identify by numeric code as shown below <input type="text"/> Codes: 2 - Black; 3 - Native American; 4 - Hispanic; 5 - Asian Pacific; 6 - Asian Indian		
3a. Address of Site			3b. Will project be located within the boundaries of the following Federally designated Areas: (1) Empowerment Zone, (2) Urban Supplemental Empowerment Zone, (3) Enterprise Community, or (4) Urban Enhanced Enterprise Community? (Contact local HUD Office for information on these designated areas.) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please indicate appropriate number as shown above <input type="text"/>		
4. Congressional District		5. Type of Area <input type="checkbox"/> Metropolitan <input type="checkbox"/> Non-metropolitan		6. Capital Advance Amount Requested \$ <input type="text"/>	
7. Project Rental Assistance Contract Amount Requested \$ <input type="text"/>					
8. Total No. of Units		8a. Number & Type of Resident Units Proposed <input type="text"/> Efficiency <input type="text"/> One bedroom		8b. Resident Manager's Unit: (check appropriate type) <input type="text"/> Efficiency <input type="text"/> One bedroom <input type="text"/> Two bedroom	
9. Number of Buildings		10. Type of Project: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition (RTC) Year Built: <input type="text"/>		11. Type of Building(s) <input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Semi-detached <input type="checkbox"/> Walkup <input type="checkbox"/> Detached <input type="checkbox"/> Elevator	
12. Number of Stories		13. Number of Parking Spaces		14. Check utilities and services not included in the rent and to be paid directly by the tenant: <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Heat <input type="checkbox"/> Gas	
15. Off-Site Facilities Public At Site Feet from Site Water <input type="checkbox"/> <input type="checkbox"/> _____ Sewer <input type="checkbox"/> <input type="checkbox"/> _____ Paving <input type="checkbox"/> <input type="checkbox"/> _____ Gas <input type="checkbox"/> <input type="checkbox"/> _____ Electric <input type="checkbox"/> <input type="checkbox"/> _____			16. Community Facilities to be included in Project:		
17. Unusual Site Features <input type="checkbox"/> None <input type="checkbox"/> Poor Drainage <input type="checkbox"/> Cuts <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Fill <input type="checkbox"/> Rock Foundations <input type="checkbox"/> Erosion <input type="checkbox"/> High Water Table <input type="checkbox"/> Other (specify) _____			18. Mark one box <input type="checkbox"/> Consultant <input type="checkbox"/> Agent <input type="checkbox"/> Authorized Representative		Name, Address & Telephone Number
19. Sponsor's Attorney (name, address & telephone number)				By (Signature of Sponsor's Authorized Representative) X Type in Name Type in Title	